

FILED

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL DISTRICT OF SEP 17 2010
HINDS COUNTY, MISSISSIPPI

BARBARA DUNN, CIRCUIT CLERK

ANTHONY GRINSTON

PLAINTIFFS D.C.

VS

CAUSE NO. 25110-798C ✓

AMERICAN MEDICAL RESPONSE, INC.,
AND EMERGENCY MEDICAL SERVICES
CORPORATION

DEFENDANT

COMPLAINT

Trial by Jury Requested

Comes now the plaintiff, Anthony Grinston, by and through his attorney, and file this complaint against the defendant, American Medical Response, Inc. and/or Emergency Medical Services Corporation, and in support thereof the plaintiff would show unto the Court the following, to-wit:

1.

The plaintiff, Anthony Grinston, is an adult resident citizen of the First Judicial District of Hinds County, Mississippi.

2.

That defendant, American Medical Response, Inc. and/or Emergency Medical Services Corporation, is a Mississippi corporation and was authorized and organized to do business in the State of Mississippi and may be served process of this Court by serving American Medical Response, Inc. at: 360 West Woodrow Wilson Drive, #5114, Jackson, Mississippi 39213.

3.

At all times hereinafter mentioned, the defendant, American Medical Response, Inc. and/or Emergency Medical Services Corporation, was and is still an Ambulatory Service licensed to transport injured and/or ill individuals to healthcare facilities, and was engaged in the practice of this profession in Jackson, Hinds County, Mississippi. That at all times the defendant held itself out to the plaintiff and to the general public as a skilled, competent and careful Ambulatory Service, duly



qualified to render medical services including, without limitation, the area of caring for plaintiff and all other parties, or in any other area which they specialize.

4.

That on July 21, 2008, the Plaintiff, Anthony Grinston, was transported by the Defendant, American Medical Response, Inc. and/or Emergency Medical Services Corporation, to the Emergency Department of Mississippi Baptist Medical Center. Upon his arrival at Mississippi Baptist Medical Center, while being transported by the American Medical Response crew from the ambulance to the emergency room department, the stretcher on which the Plaintiff, Anthony Grinston was being transported collapsed, causing the Plaintiff, Anthony Grinston to fall off the stretcher and causing his right foot to strike the floor, causing a fracture of the 5th metatarsal bone.

5.

The defendant, American Medical Response, Inc. and/or Emergency Medical Services Corporation, was negligent in emergency transportation of the plaintiff, Anthony Grinston causing injuries due to failure to exercise a degree of care and skill, or to possess the degree of knowledge ordinarily exercised or possessed by other Ambulatory Services in this particular area of practice and more particular those in the City of Jackson, Hinds County, Mississippi or like localities.

6.

The plaintiff charges the defendant, American Medical Response, Inc. and/or Emergency Medical Services Corporation, with gross and reckless negligence in transporting a patient with care, and failing to exercise the proper degree of care and skill needed during the course of medical treatment and/or ambulatory transportation of Anthony Grinston.

7.

As a result of the substandard medical care provided unto the plaintiff, Anthony Grinston, by the defendant, the plaintiff, Anthony Grinston, suffered extreme pain and suffering, extreme mental anguish medical expenses and will suffer future medical and medical related expenses.

8.

The negligent acts and omissions by the defendant committed in connection with the plaintiffs was so reckless and gross as to amount to wanton and malicious conduct, thereby justifying an award of punitive damages to the plaintiff herein.

9.

Pursuant to Section 11-1-59 of the Mississippi Code of 1972, as amended, the plaintiff would show that the damages claimed by the plaintiff in this Section are within the jurisdiction of this Court and exceed the amount of \$10,000.00.

WHEREFORE, PREMISES CONSIDERED, plaintiffs demand judgment of and from the defendant, American Medical Response, Inc. and/or Emergency Medical Services Corporation, in an amount to be shown at the trial hereof, but in any event, in excess of the sum of \$1,000,000.00, together with all costs.

Respectfully submitted,

ANTHONY GRINSTON

BY:

Don Evans by law
DON H. EVANS

OF COUNSEL:

DON H. EVANS, MSB #5259

CHRISTIE E. OGDEN, MSB #101887

HUGH W. TEDDER, JR., MSB #8008

500 East Capitol Street, Suite 2

Jackson, Mississippi 39201

Telephone:(601) 969-2006

ATTORNEY FOR PLAINTIFFS

IN THE CIRCUIT COURT OF THE FIRST JUDICIAL DISTRICT
OF HINDS COUNTY, MISSISSIPPI

ANTHONY GRINSTON

PLAINTIFFS

VS

CAUSE NO. 2540-78CIV

AMERICAN MEDICAL RESPONSE, INC.
and EMERGENCY MEDICAL SERVICES
CORPORATION

DEFENDANTS

SUMMONS

THE STATE OF MISSISSIPPI TO THE SHERIFF OF HINDS COUNTY OR ANY OTHER
LAWFUL PERSON:

TO:

AMERICAN MEDICAL RESPONSE, INC.
360 WEST WOODROW WILSON DRIVE, #5114
JACKSON, MISSISSIPPI 39213

NOTICE TO DEFENDANT

**THE COMPLAINT WHICH IS ATTACHED TO THIS SUMMONS IS IMPORTANT AND YOU MUST
TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.**

You are required to mail or hand-deliver a copy of a written response to the Complaint to:

DON H. EVANS
500 E. Capitol St., Suite 2
Jackson, MS 39201
Phone: (601) 969-2006

Your response must be mailed or delivered within thirty [30] days from the date of delivery of this summons and complaint or a judgment by default will be entered against you for the money or other things demanded in the complaint.

You must also file the original of your response with the Clerk of this Court within a reasonable time afterward.

ISSUED under my hand and the seal of said Court, this 20 day of September, 2010.

BARBARA DUNN, CIRCUIT CLERK
HINDS COUNTY, FIRST DISTRICT

By: P. O. BOX 327

JACKSON, MS 39205

SEP 20 2010

BARBARA DUNN, CIRCUIT CLERK
BY: _____ D.C.

Civil Case Filing Form

to be completed by Attorney/Party
Prior to Filing of Pleading)

County # Judicial District Court ID (CH, CI, CO)

Local Docket ID

Mississippi Supreme Court
Initiative Office of Courts

Form AOC01
(Revised 5/11/2000)

Month Date Year

This area to be completed by Clerk

Case Number if filed prior to 1/1/94

In the Circuit Court of Hinds County MS
 In Style of Case: Grinston vs American Medical Response, Inc.
 Filing Initial Pleading: Type/Print Name Don H. Evans MS Bar No. 5259
 Check (✓) if Not an Attorney _____ Check (✓) if Pro Hac Vice _____ Signature Don Evans by HWT
 Compensatory Damages Sought: _____ Punitive Damages Sought: _____
 Child Support contemplated as an issue in this suit? Yes _____ X No _____ If "yes" is checked, please submit a completed Child Support Information Sheet with Final Decree/Judgment

Plaintiff - PARTY (IES) INITIALLY BRINGING SUIT SHOULD BE ENTERED FIRST (FIRST NAME IN SHORT STYLE) - ENTER ADDITIONAL PLAINTIFFS ON SEPARATE FORM

Individual Grinston Last Name Anthony First Name _____ Maiden Name, if Applicable _____ Middle Init. Jr/Sr/III/IV

Address of Plaintiff _____

Check (✓) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: _____
 Estate of _____
 Check (✓) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: _____
 D/B/A / Agency _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated
 Check (✓) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: _____
 D/B/A: _____

Defendant - NAME OF DEFENDANT (FIRST NAME IN SHORT STYLE) - ENTER ADDITIONAL DEFENDANTS ON SEPARATE FORM

Individual _____ Last Name _____ First Name _____ Maiden Name, if Applicable _____ Middle Init. Jr/Sr/III/IV

Check (✓) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: _____
 Estate of _____
 Check (✓) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: _____
 D/B/A / Agency _____

Business _____ Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated
 Check (✓) if Business Defendant is filing suit in the name of an entity other than the above, and enter below: _____
 D/B/A: _____
 Name: _____ Pro Hac Vice (✓) _____ (If known) _____

In left-hand column, check one (1) box that best describes the nature of this suit. In right-hand column check all boxes which indicate secondary claims.

Business/Commercial
☐ Accounting (Business)
☐ Bankruptcy
☐ Business Dissolution - Corporation
☐ Business Dissolution - Partnership
☐ Debt Collection
☐ Employment
☐ Exemption of Debtor
☐ Execution
☐ Foreign Judgment
☐ Garnishment
☐ Pension
☐ Receivership
☐ Replevin
☐ Stockholder Suit
☐ Other _____

Domestic Relations
☐ Child Custody/Violation
☐ Child Support
☐ Contempt
☐ Divorce: Fault
☐ Divorce: Irreconcilable Differences
☐ Domestic Abuse
☐ Emancipation
☐ Modification
☐ Paternity
☐ Property Division
☐ Separate Maintenance
☐ Termination of Parental Rights
☐ UIFSA (formerly URESA)
☐ Other _____

Contract
☐ Breach of Contract
☐ Installment Contract
☐ Insurance
☐ Product Liability under Contract
☐ Specific Performance
☐ Other _____

Probate
☐ Accounting (Probate)
☐ Birth Certificate Correction
☐ Commitment
☐ Conservatorship
☐ Guardianship
☐ Heirship
☐ Intestate Estate
☐ Minor's Settlement
☐ Monument of Title
☐ Name Change
☐ Power of Attorney
☐ Testate Estate
☐ Will Contest
☐ Other _____

Statutes/Rules
☐ Bond Validation
☐ Civil Forfeiture
☐ Declaratory Judgment
☐ ERISA
☐ Eminent Domain
☐ Extraordinary Writ
☐ Federal Statutes
☐ Injunction or Restraining Order
☐ Municipal Annexation
☐ Racketeering (RICO)
☐ Railroad
☐ Seaman
☐ Other _____

Appeals
☐ Administrative Agency
☐ County Court
☐ Hardship Petition (Driver License)
☐ Justice Court
☐ MS Employment Security Comm'n
☐ Municipal Court
☐ Oil & Gas Board
☐ Workers' Compensation
☐ Other _____

Children and Minors - Non-Domestic
☐ Adoption - Noncontested
☐ Consent to Abandon for Minor
☐ Removal of Minority

Torts - Personal Injury
☐ Bad Faith
☐ Fraud
☐ Loss of Consortium
☐ Malpractice - Legal
☐ Malpractice - Medical
☐ Negligence - General
☐ Negligence - Motor Vehicle
☐ Products Liability
☐ Wrongful Death
☐ Other _____

Mass Tort
☐ Asbestos
☐ Chemical Spill
☐ Dioxin
☐ Hand/Arm Vibration
☐ Hearing Loss
☐ Radioactive Materials
☐ Other _____

Real Property
☐ Adverse Possession
☐ Ejectment
☐ Eminent Domain
☐ Judicial Foreclosure
☐ Lien Assertion
☐ Partition
☐ Receiver Appointment
☐ Tax Sale: Confirmation/Cancellation
☐ Title, Boundary &/or Easement
☐ Other _____

Civil Rights
☐ Elections
☐ Habeas Corpus
☐ Post Conviction Relief
☐ Prisoner
☐ Other _____

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JUDICIAL DISTRICT, CITY OF _____

File Yr. _____ Chronological No. _____ Clerk's Local ID _____

Docket No. If Filed
Prior to 1/1/94 _____

DEFENDANTS IN REFERENCED CAUSE - Page 2 of _____ Defendants Pages
IN ADDITION TO Defendant SHOWN ON CIVIL CASE FILING FORM COVER SHEET

Def #2:

Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

(✓) If Individual Defendant is acting in capacity as Executor(rix) or Administrator(rix) of an Estate and Enter Style:

of _____

(✓) If Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency and enter that name below:

Emergency Medical Services Corporation

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

(✓) If Business Defendant is filing suit in the name of an entity other than the name above and enter below

FOR THIS DEFENDANT: _____ Bar# or Name _____ Pro Hac Vice ✓ _____ Not Attorney ✓ _____

Def #3:

Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

(✓) If Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency and enter that name below:

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

(✓) If Business Defendant is filing suit in the name of an entity other than the name above and enter below

FOR THIS DEFENDANT: _____ Bar# or Name _____ Pro Hac Vice ✓ _____ Not Attorney ✓ _____

Def #4:

Last Name First Name Maiden Name, if Applicable Middle Name Jr/Sr/III

(✓) If Individual Defendant is acting in capacity as Business Owner/Operator (D/B/A) or State Agency and enter that name below:

Enter legal name of business, corporation, partnership, agency - If Corporation, indicate state where incorporated

(✓) If Business Defendant is filing suit in the name of an entity other than the name above and enter below

FOR THIS DEFENDANT: _____ Bar# or Name _____ Pro Hac Vice ✓ _____ Not Attorney ✓ _____

FILED

SEP 17 2010

IN THE CIRCUIT COURT THE FIRST JUDICIAL DISTRICT
OF HINDS COUNTY, MISSISSIPPI

BARBARA DUNN, CIRCUIT CLERK
BY _____ D.C.

ANTHONY GRINSTON

PLAINTIFF

VS.

CIVIL ACTION NO. _____

AMERICAN MEDICAL RESPONSE, INC.,
and EMERGENCY MEDICAL SERVICES
CORPORATION

DEFENDANTS

NOTICE OF SERVICE OF DISCOVERY

TO: *American Medical Response, Inc.*
360 West Woodrow Wilson Drive, #5114
Jackson, Mississippi 39213

Emergency Medical Services Corporation
6200 S. Syracuse Way, Ste. 200
Greenwood Village, CO 80111

COMES NOW, Don H. Evans, attorney for Plaintiffs herein, and hereby gives notice

to the Court that the attorney listed above has personally served the aforementioned defendant the following discovery:

Plaintiff's First Set of Interrogatories Propounded to Defendants, American Medical Response, Inc. and Emergency Medical Services Corporation, Individually; and
Plaintiff's First Request for Production of Documents Propounded to Defendants, American Medical Response, Inc. and Emergency Medical Services Corporation, Individually.

Further notice is hereby given that the originals have been retained in our files.

This the 17th day of September, 2010.

RESPECTFULLY SUBMITTED,

ANTHONY GRINSTON

BY: Don Evans by 1007
DON H. EVANS

OF COUNSEL:

DON H. EVANS, MSB #5259

CHRISTIE EVANS OGDEN, MSB #101887

HUGH W. TEDDER, JR., MSB #8008

Don Evans, PLLC

500 E. Capitol Street, Suite 2

Jackson, Mississippi 39201

Telephone: (601) 969-2006

ATTORNEYS FOR PLAINTIFF

CERTIFICATE OF SERVICE

I, Don H. Evans, attorney for the plaintiff, do hereby certify that I have served with the Complaint,
a true and correct copy of the above and foregoing Notice of Service to:

*American Medical Response, Inc.
360 West Woodrow Wilson Drive, #5114
Jackson, Mississippi 39213*

*Emergency Medical Services Corporation
6200 S. Syracuse Way, Ste. 200
Greenwood Village, CO 80111*

This the 17th day of September, 2010.

Don Evans by hew
DON H. EVANS

IN THE FIRST JUDICIAL DISTRICT OF HINDS COUNTY, MISSISSIPPI

ANTHONY GRINSTON

PLAINTIFFS

VS

CAUSE NO. _____

AMERICAN MEDICAL RESPONSE, INC.,
AND EMERGENCY MEDICAL SERVICES
CORPORATION

DEFENDANT

***PLAINTIFF'S FIRST SET OF INTERROGATORIES PROPOUNDED
TO DEFENDANTS, AMERICAN MEDICAL RESPONSE, INC., AND EMERGENCY
MEDICAL SERVICES CORPORATION, INDIVIDUALLY***

COMES NOW the Plaintiff, Anthony Grinston, by and through his attorneys, and propounds the following First Set of Interrogatories to the Defendant, American Medical Response, Inc. and/or Emergency Medical Services Corporation, Individually, pursuant to Rules 26 and 33 of the Mississippi Rules of Civil Procedure, and other applicable rules, and Plaintiff gives notice that each and every such interrogatory should be answered separately and fully in writing, under oath, within the time period prescribed by law and updated prior to trial, to-wit:

INTERROGATORY NO. 1: Please state whether any statements of any person regarding any issue in this action were taken by you or anyone acting on your behalf. If so, please state the name, address and telephone number of each person making a statement; the name, address and telephone number of each person taking each statement; and the date on which each statement was taken. In addition, please produce a copy of each statement.

INTERROGATORY NO. 2: Please state whether or not the allegations of the complaint were investigated by you or anyone acting on your behalf. If so, please state each investigator's name, address, telephone number, the date and purpose of each investigation, and whether any written report or record was made and the name, address and telephone number of each person in possession of said investigative report or record, or a copy thereof. In addition, please produce a copy of each investigation record or report.

INTERROGATORY NO. 3: Please state the name and locations of all schools attended by

you, including secondary school, and the inclusive dates of attendance at each such school. In addition, please state all degrees or certificates you have received, the date you received each such degree or certificate and the institution which awarded each degree or certificate to you.

INTERROGATORY NO. 4: Please state whether you have pursued any medical specialty training. If so, please state the name and address of the medical institution from which you received such training and describe the type of training received. In the event you are certified in any specialty of medicine, state the specialty, certification, board and date of certification.

INTERROGATORY NO. 5: Please list any and all licenses you hold and from which states you obtained those licenses.

INTERROGATORY NO. 6: Please state whether you have ever had a licenses or certifications suspended, revoked, terminated or otherwise restricted in any state or country. If so, please state the state or authority which granted the license, whether the license was suspended, revoked, terminated or otherwise restricted, indicating which; the date on which the license was suspended, revoked or terminated; and whether the license was ever reinstated or renewed; and if so, on what date.

INTERROGATORY NO. 7: Please state whether you are a member of any medical association, society or organization. If so, please state its name and address; the inclusive dates of your membership; its aim and purposes; whether you have ever held any office; and, if so, the name of the office and the inclusive dates which you held such office.

INTERROGATORY NO. 8: Please state whether you have, or have ever had, any staff privileges at or in association with any hospital. If so, please state its name and address; the nature of your relationship to it; a description of each staff privilege granted to you, and inclusive dates which such privilege was held by you.

INTERROGATORY NO. 9: Please state the title, date of publication and place of publication of any medical articles authored by you which have been published for distribution to the medical community or public at large.

INTERROGATORY NO. 10: Please state whether you have ever had a claim presented or

litigation commenced against you for any matter arising out of your ambulatory service. If so, please state the date the claim was first made, the date the litigation; if any was filed and the court in which it was filed; the name and address of each person making a claim or commencing the litigation; the name, address and representative capacity of all attorneys involved; and the ultimate disposition of each claim or action.

INTERROGATORY NO. 11: Please state the name, address and telephone number of each person known to you who claims to have knowledge concerning your treatment of Anthony Grinston.

INTERROGATORY NO. 12: Please describe the training which you received in order to provide emergency transportation to a person. Please include in your response the name, address and telephone number of any person or facility which furnished this training and if you attended any continuing medical education programs at which this subject was discussed, please identify the same by giving the name.

INTERROGATORY NO. 14: Please state the name, address and telephone number of the persons who were present during the ambulatory transportation of Anthony Grinston.

INTERROGATORY NO. 15: Please state the substance of all discussions you had with Anthony Grinston after August 3, 2001, relating to his ambulance transport to Mississippi Baptist Medical Center. In addition, please state the date of each such discussion, and the name, address and telephone number of each person who was present or whom you believe overheard each discussion.

INTERROGATORY NO. 16: Please state the name, address and telephone number of each person with whom you have discussed your ambulatory transportation of Anthony Grinston, with the exception of conversations with your attorney, and describe each such discussion including, but not limited to, the persons present, the date and what was said.

INTERROGATORY NO. 17: With respect to all witnesses whom you will or may call as experts to give opinion testimony in the trial of this matter, please state:

- a. The name, address and telephone number of each;
- b. The name, address and telephone number of his employer or the organization

with which he is associated in any professional capacity;

- c. The field in which he is to be offered as an expert;
- d. A summary of his qualifications within the field in which he is expected to testify;
- e. The substance of the facts to which he is expected to testify;
- f. The substance of the opinions to which he expected to testify and a summary of the grounds for each opinion, including factual assumptions made, the testimony or documents from which such assumptions were drawn;
- g. The dates of all reports rendered by such expert, for who prepared, and in whose custody at present; and
- h. All documents (whether medical records or reports or texts, treatise or other writings) which the expert contends provide support for his opinions or form the basis thereof.

INTERROGATORY NO. 18: Please state whether any expert you intend on calling to testify has ever authored, co-authored or edited any books or articles which in any way deal with the subject matter of this lawsuit. If so, please state the name of the book or article, its date of publication, the name of its publication, and the name of the book in which any article would have been published.

INTERROGATORY NO. 19: At the time of the occurrences complained of in this action, was there a policy of insurance covering you against claims arising out of medical negligence, and if so, for each policy, state:

- a. The name and address of the insurer;
- b. The number of the policy;
- c. The effective dates of the policy; and
- d. The limits of liability.

INTERROGATORY NO. 20: Are you or your attorneys aware of the existence of any oral,

written or recorded statement(s) made by or for any party or witness pertaining to the facts of this case? If so, please state:

- a. The name of each person making the statement;
- b. The date of the statement;
- c. The name, employer, occupation, last known address and telephone number of the person or persons taking the statement; and
- d. The name and last known address and telephone number of the person now in possession of the original statement, or a copy of it if it was recorded.

INTERROGATORY NO. 21: Were any photographs or motion pictures taken of any object or person involved in the incident, or in any way related to Plaintiff's claims of negligence or damages, and if so, please state:

- a. What is depicted by each photograph and/or motion picture?
- b. The date on which each film was taken;
- c. The name, address, and telephone number of the photographer; and
- d. The name, address and telephone number of the person who now has custody of the photographs or pictures.

INTERROGATORY NO. 22: Please list each and every document you intend to introduce at trial.

INTERROGATORY NO. 23: Please list each and every document which supports any defense which you have raised in your answer.

INTERROGATORY NO. 24: Please state your formal education and post-graduate experiences, including certifications and admissions to hospital and clinical staffs.

INTERROGATORY NO. 25: Have you had training in a medical specialty, and if so, for each such training, state:

- a. The name of the specialty involved;

- b. The name and address of each such institution where you trained;
- c. The inclusive dates of your training; and
- d. A description of the training program.

INTERROGATORY NO. 26: Are you now, or have you ever been, a member or diplomat of any specialty board, and if so, for each such specialty board, state:

- a. The name and address of the specialty board;
- b. The inclusive dates of your membership;
- c. If no longer a member, the reason for termination of your membership;
- d. The qualifications required in order to take the membership examination;
- e. The number of times you took the examination and the date thereof; and
- f. The place you took the examination.

INTERROGATORY NO. 28: Do you have, or know of the existence of, any report, correspondence or other record relating to the incident regarding Anthony Grinston, not presently a part of your office record or the hospital record, and if so, for each such documents, please state:

- a. Its identity and subject matter;
- b. The date it was made;
- c. The name and address of each person who made it;
- d. The reason it was made;
- e. The name and address of the person who has custody of it;
- f. The reason same is not a regular part of the patient's medical records.

INTERROGATORY NO. 29: Please state the name, address and telephone number of each person you may or will call as a witness at the trial of this case.

INTERROGATORY NO. 30: Describe in detail your relationship with or employment by Defendant American Medical Response, Inc. stating:

- a. When you first became affiliated with said Ambulatory Service;
- b. The type of arrangement, employment, or relationship you have with said hospital, i.e., staff privileges, contract, salaried, per diem, or other.

RESPECTFULLY SUBMITTED,

ANTHONY GRINSTON

BY: Don Evans by HWT
DON H. EVANS

DON H. EVANS, MSB #5259

CHRISTIE E. OGDEN, MSB #101887

HUGH W. TEDDER, JR., MSB #8008

500 East Capitol Street, Suite 2

Jackson, Mississippi 39201

Telephone: (601) 969-2006

ATTORNEY FOR PLAINTIFFS

IN THE FIRST JUDICIAL DISTRICT OF HINDS COUNTY, MISSISSIPPI

ANTHONY GRINSTON

PLAINTIFFS

VS

CAUSE NO. _____

AMERICAN MEDICAL RESPONSE, INC.,
AND EMERGENCY MEDICAL SERVICES
CORPORATION

DEFENDANT

***PLAINTIFF'S REQUEST FOR PRODUCTION OF DOCUMENTS
PROPOUNDED TO THE DEFENDANTS, AMERICAN MEDICAL RESPONSE, INC.,
AND EMERGENCY MEDICAL SERVICES CORPORATION, INDIVIDUALLY***

COMES NOW the Plaintiff, Anthony Grinston, a Minor, by and through his attorneys, and propounds this First Request for Production of Documents to Defendants, American Medical Response, Inc., and Emergency Medical Services Corporation, Individually, pursuant to Rule 33, Mississippi Rules of Civil Procedure. You are requested to produce to the Plaintiff for inspection and copying the documents as designated hereinafter at the offices of Don. H. Evans, 500 East Capitol Street, Suite 2, Jackson, Mississippi 39201, within the time provided by law. Mailing such documents will be sufficient. Pursuant to said Rule, you are to produce said documents organized and labeled to correspond with the categories in the requests below.

Pursuant to Rule 26(f), these requests are continuing and you are under a duty to supplement your production of documents immediately upon learning that additional documents and things, as called for in these requests, come into your possession or control or you gain knowledge or awareness of the existence of same.

REQUEST NO. 1: Please produce a copy of each document which you contend to be relevant to the subject matter of this action.

REQUEST NO. 2: Please produce a copy of each document which you intend to introduce or otherwise use at the trial of this action, including but not limited to any hospital or other records, medical journals or treatise, photographs or motion pictures, and anatomical drawings or models.

REQUEST NO. 3: Please produce a copy of each policy of insurance, including excess

insurance, that you had in effect at the times complained of in the Complaint under which you, your insurance carrier, or any other person, firm or corporation may or could be required to satisfy all or part of any judgment which may or could be rendered in this action.

REQUEST NO. 4: Please produce a copy of any medical records (including ambulatory transporting services) regarding treatment of Anthony Grinston, which have been obtained by you or your attorney.

REQUEST NO. 5: Please state whether you reported any matter relating to the ambulatory transportation to any hospital official, medical society, medical organization or professional liability insurance carrier. If so, for each such report state: the date it was made; the name, address and telephone number to whom it was addressed.

REQUEST NO. 6: Please produce all documents identified in the foregoing Interrogatories or your answers thereto.

REQUEST NO. 7: Please produce a copy of the curriculum vitae of each and every expert witness identified in response to Interrogatory No. 17.

REQUEST NO. 8: Please produce a complete certified copy of any and all medical records in your possession, including x-rays, relating to Anthony Grinston, including each and every document related to such patient regardless of where maintained or whether such document is ordinarily regarded as being a part of the patient's medical record or not.

REQUEST NO. 9: Please produce a complete itemized copy of any and all statements for services rendered related to Anthony Grinston.

REQUEST NO. 10: Please produce copies of the index cards or master patient index for this patient, as well as his complete chart.

REQUEST NO. 11: Please produce a copy of any telephone messages or telephone logs showing any communication between doctor and any of the other defendants related to this patient.

REQUEST NO. 12: Please produce a copy of any and all contracts or other documents evidencing interrelations between the parties, including but not limited to, any contract or agreements between the Defendant, Anthony Grinston, either predating the events complained of in this

litigation or entered into thereafter in anticipation of or because of this litigation.

REQUEST NO. 13: Produce any contracts, agreements, memorandum, or other documents indicating your relationship to or employment by the Defendant, American Medical Response, Inc..

RESPECTFULLY SUBMITTED,

ANTHONY GRINSTON

BY: Don Evans by HEST

DON H. EVANS

OF COUNSEL:

DON H. EVANS, MSB #5259

CHRISTIE E. OGDEN, MSB #101887

HUGH W. TEDDER, JR., MSB #8008

500 East Capitol Street, Suite 2

Jackson, Mississippi 39201

Telephone:(601) 969-2006

ATTORNEY FOR PLAINTIFFS